

create a MySQL database that allowed automated submission and application to projects.

**Results:** Our web-based portal has provided a sophisticated yet simple method that matches the needs of both students and surgeons. The project has resulted in a considerable increase in student research participation and has enriched and developed our local surgical research environment.

**Conclusion:** Our online student research network has proven to be a valuable tool for improving collaboration between surgeons and students for research projects and audits, utilising a simple interface complemented by an elegant automated system.

#### 0680: ELECTRONIC AUDIT TOOL FOR QUALITY ASSURANCE IN GASTRO-INTESTINAL (GI) ENDOSCOPY

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**Aim:** To develop and implement an automated electronic audit tool for quality assurance in GI endoscopy in our institution.

**Methods:** A computer system was designed and developed to capture key quality assurance data using Microsoft Access 2003 and Visual Basic for Applications (VBA). This replaced a cumbersome paper based audit process.

**Results:** The introduction of an automated audit system ensures the capture of robust Quality Assurance data as per the Irish Conjoint Board for gastrointestinal endoscopy guidelines; allows for on-going performance monitoring and early identification of deviations from the norm and provides for comprehensive report generation evaluating various performance metrics.

**Conclusion:** Our electronic audit tool has significantly improved and streamlined the endoscopy audit process without incurring a significant cost as compared to commercial endoscopy reporting systems. Key quality indicators are now captured and analysed in an easy and efficient manner with generated reports readily accessible to designated users and clinical managers. It is hoped that the system could be rolled out for use in other centres thus effecting a cost saving while ensuring harmonisation of endoscopic audit and reporting.

#### 0689: "IF IT IS NOT WRITTEN DOWN, IT DIDN'T HAPPEN." DOCUMENTATION OF THE UNWELL SURGICAL PATIENT FOR FINAL YEAR STUDENTS

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**Aims:** Assess the need for formalised training in documentation when caring for the unwell surgical patient. Develop the use of high fidelity simulation in documentation training.

**Methods:** 14 medical students each managed and documented two surgical scenarios (post operative sepsis and opioid overdose.) A teaching session on documentation was delivered between scenarios. Documentation was assessed against 25 pre-defined criteria based on the Sheffield Teaching Hospitals Deteriorating Patient Pathway. High-fidelity simulation models and sample case notes on a mock ward were used to ensure the environment was as realistic as possible. Data was analysed using Prism software.

**Results:** 13/14 (93%) of students improved their documentation. Pre teaching mean score was 13.9/25 (range 8 to 21) and post teaching mean score was 19.0/25 (range 16 to 23). This was statistically significant ( $p = 0.0012$  by paired  $t$  test). There was an average improvement of 5 marks (range -1 to 11).

**Conclusions:** Poor awareness of correct documentation may leave students underprepared for their foundation years. We have shown high fidelity simulation backed up with didactic teaching to be an effective method of improving documentation at an undergraduate level. This teaching model could improve the accuracy of communication and lead to safer clinical practice.

#### 0716: AN EVALUATION OF HIGHER SURGICAL TRAINEES' EXPECTATIONS FROM AN ONLINE-LEARNING RESOURCE

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**Aim:** To ascertain the expectations and needs from an online learning tool used by higher surgical trainees in the East Midlands North Deanery.

**Method:** An online tool was used to create a survey and emailed to all the surgical registrars training in the deanery.

**Results:** From the 20 responses received, 80% prefer face-to-face teaching. 95% of the trainees are aware of this learning tool. 50% of those who responded use the learning tool once a week with 20% use it only when necessary. In order of preference, 90% would use the online tool for MCQ practice, with 75% using it for VIVA scenarios and 70% for seminal articles. Similarly, when asked to prioritise, 60% preferred MCQ & VIVA scenarios to be added to the website immediately with 50% requesting seminal articles.

**Conclusion:** From the survey, trainees prefer didactic learning. However, the online learning tool appears to be a valuable reference resource and trainees are very keen on using it to prepare for the FRCS exams.

#### 0719: POST-CCT SURGICAL FELLOWSHIPS: MY EXPERIENCE ON A HYBRID SCHEME IN NEW ZEALAND

Steven Robinson. *North Shore Hospital, Auckland, New Zealand.*

Post-Certificate of Completion of Training (CCT) fellowships are controversial but many have now established themselves as essential stepping-stones to achieving a consultant post. The Royal College of Surgeons now recognises over 70 posts in the UK.

In general surgery, and many other specialties, there is a shortage of consultant posts and there is going to be an increasing bottle-neck as Specialist Trainees gain entry to the specialist registry.

Advocates of Post-CCT fellowship point to the extra subspecialist experience but critics fear that such posts create sub-consultant service posts that do not have a clearly defined educational role and may lead to the insidious development of a sub-consultant grade.

At North Shore Hospital in New Zealand surgical fellows participate in the consultant on-call rota on Fridays. However the Consultant on call for the rest of the weekend is a "back-stop" and is on stand-by for support if necessary. This is a unique model of working and there is no equivalent in the UK.

I have now completed one year and it has given me an invaluable training opportunity that I hope will bridge the gap between trainee and consultant. I believe a similar hybrid model would be useful in the UK.

#### 0723: 100 EMERGENCY LAPAROTOMIES: REALITY OR FANTASY?

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**Aim:** JCST guidelines state that general surgical trainees are expected to have performed a minimum of 100 emergency laparotomies (EL) as primary surgeon before obtaining CCT. To achieve this, each higher surgical trainee (HST) would need to perform 16.7 EL per annum from ST3 onwards. We set out to find if this is realistic based on the numbers of EL carried out at our institutions per year.

**Method:** Using computerised operation notes and emergency theatre logbooks, the numbers of EL performed over a three-year period at two teaching hospitals were recorded retrospectively with the grade of the primary surgeon noted.

**Results:** The numbers of EL performed at both hospitals from 1<sup>st</sup> August 2009 to 31<sup>st</sup> July 2012 by consultants and HSTs were 1006 and 656 respectively. There were 28 HSTs in total. Hence, each HST performed an average of 7.8 EL per year.

**Conclusions:** Although it is possible for each HST to have performed 100 EL prior to obtaining CCT, this would require most EL to be carried out by trainees rather than consultants. This might not be feasible if patients are unwell, high risk or the operation is technically too difficult for a trainee of a particular experience.

#### 0729: WHO PERFORMS APPENDICECTOMY? A STUDY FROM A DISTRICT GENERAL HOSPITAL

Sarah Eastwood, Frank Hinson. *Cumberland Infirmary, Carlisle, Cumbria, UK.*

**Aim:** Appendicectomy is the most common emergency abdominal operation in the UK. Recent reports show a possible decreasing trend in the proportion performed by junior trainees. This study examined current practice in appendicectomy at a District General Hospital (DGH) and whether the grade of primary surgeon influenced outcome.